

Client Checklist

Signature and date required for all applicable items when item is completed. If item is not applicable, write N/A and date that entry. ⇨	Signature	Date
Program's Notice of Privacy Practices given to client		
County Mental Health Plan Notice of Privacy Practices given to client		
Language/interpretation services offered		
Program's services, activities, performances, expectation provided		
Agreement for Services (HHSA:MHS-119)		
Financial/UMDAP/Medi-Cal		
Program rules and regulations given		
Medical History Questionnaire		
Discharge criteria and procedures reviewed		
Other (ex. Client asked to bring in current medications)		
Beneficiary Handbook provided and described		
Client informed of Freedom of Choice		
Grievance/Appeal process reviewed		
Tour of facility provided		
Authorization to use or disclose Protected Health Information		
Client Information Face Sheet (MHS140)		
Initial Mental Health Assessment		
Community Functioning Evaluation		
Client Plan		
Care Coordinator Assigned		
Voter Registration		
Informed of right to have Advance Directive <input type="checkbox"/> Yes <input type="checkbox"/> No Does client have an executed Advance Directive? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, informed client of right to have Advance Directive placed in medical record <input type="checkbox"/> Yes <input type="checkbox"/> No		

County of San Diego
Health and Human Services Agency
Mental Health Services

CLIENT CHECKLIST

HHSA/MHS-112 (07/2004)

Client: _____

MR/Client ID #: _____

Program: _____